



# Outcome Measures Data Analytics

Dr. Sésha Zinn, Psy.D.  
Licensed Clinical Psychologist  
Systems Performance, Research & Evaluations Manager



## Systems Performance, Research & Evaluations (SPRE)

Responsible for program data collection, data reporting, program planning, research and evaluations and in-depth analysis of behavioral health programs and the service system performance. Analysts in this unit have a strong ability to *translate* research findings and data collection protocols into clear and concise information for non-technical audiences.



# Systems Performance, Research & Evaluations (SPRE)

## Tasks Completed by SPRE

- Monitor Department operations and procedures' develop and approve recommendations for improving the Department's operations and processes' assure that strategic goals are reached.
- Utilizes system-wide data to identify client service needs, detect service gaps and maintain quality care.
- Conduct research projects, analyze trends, and evaluate program requirements and resource utilization, coordinate program planning and evaluation's identify resources and coordinate integration of services with other programs, departments and agencies; respond to requests for information.
- Direct research and planning functions' analyze clinical and demographic trends, and make recommendations for staffing adjustments and personnel assignments.
- Assist with the implementation of and training for Avatar and Order Connect.
- Develop all Clinical Reporting for Avatar, Grant Requirements and Department Needs.
- Quality Management/Improvement and Compliance Reporting.
- All Outcome Reporting (i.e., CANS and MORS) and Data Collection (i.e., DCR, CALOMS, CSI, CPS).



# Evolution of Psychotherapy

- The number of treatment models have grown from 60 to over 400
- Hundreds of treatment manuals have been developed
- Every approach claims superiority in conceptualization, technique and outcome

How do we know which approach is more effective?

## Significant Research Findings in Behavioral Health Outcomes

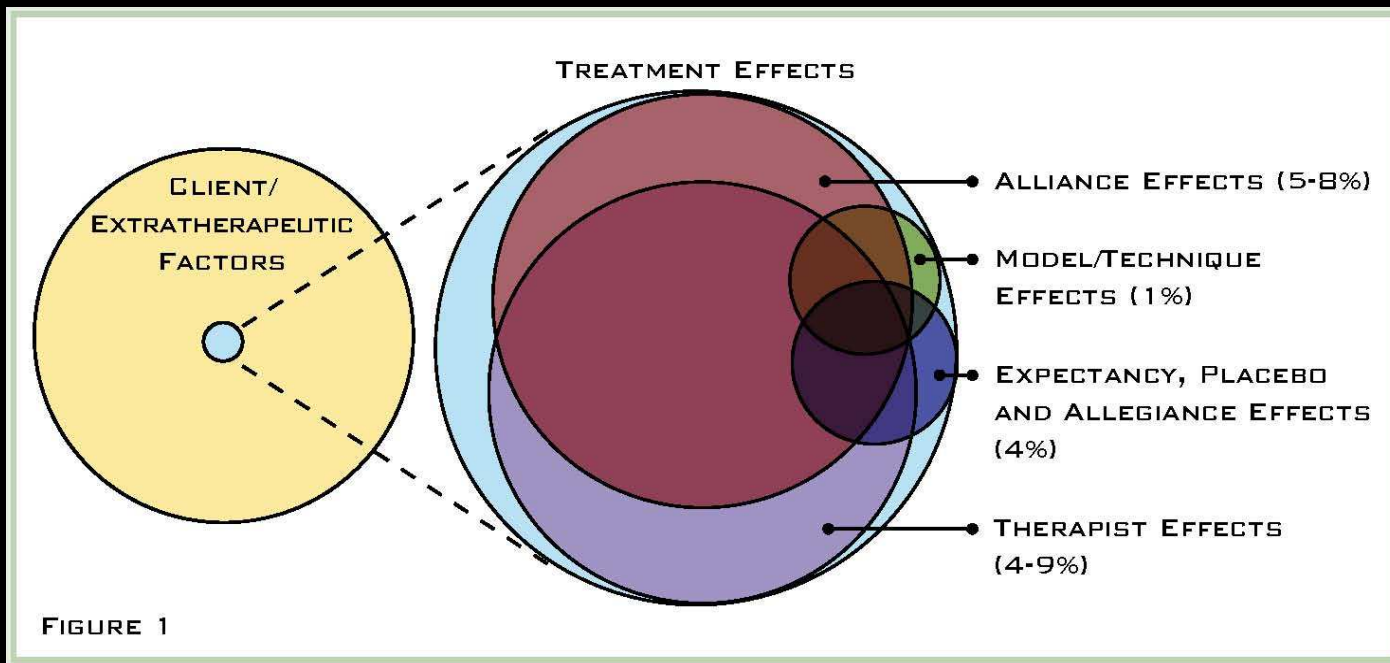
The average client receiving treatment is better off than 80% of individuals without the benefit of treatment

Psychotherapy is cost-effective compared to primary care costs.

*Asay & Lambert, 1999; Lambert & Ogles, 2004; Smith & Glass 1977; Smith, Glass, & Miller, 1980; Wampold, 2001  
Chiles, Lambert & Hatch, 1999; Kraft, Puschner, Lambert & Kordy, 2006; Cummings, 2007; Law, Crane & Berge, 2003*



# The Therapeutic Factors





# What Doesn't Work In Therapy

- ✓ The majority of therapists have never measured and do not know how effective they are
- ✓ Therapists on average rate their overall clinical skills and effectiveness at the 80<sup>th</sup> percentile-which is a statistical impossibility
- ✓ Therapists overestimating their personal effectiveness puts clients at risk for higher rates of dropout and negative outcomes

*Walfish, McAlister, O'Donnell and Lambert, 2010; Hansen, Lambert & Forman, 2002; Sapyta, Riemer & Bickman, 2005; (Dew & Reimer, 2003; Lambert, 2010*



# What Works In Therapy

## Predictors of Outcome

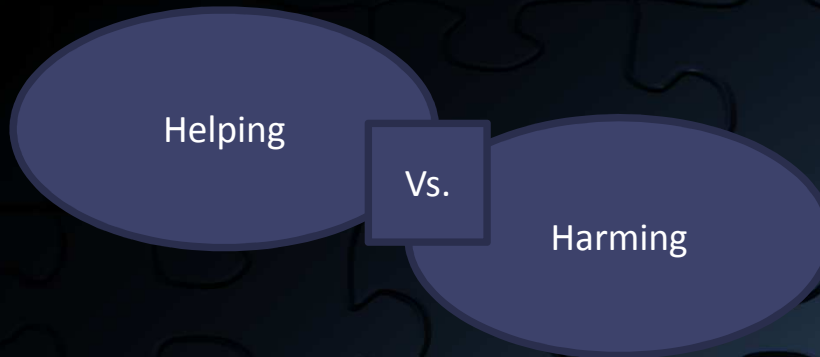
- **Duration of therapy without positive change**
  - The longer therapy progresses without positive change, the greater the likelihood of a *negative* outcome
- **Early Client Change**
  - “dose-effect relationship”
  - 30% improve by 2<sup>nd</sup> session
  - 60%-65% improve by 7<sup>th</sup> session
  - 70%-75% improve by 6 months
  - 85% improve by 1 year





## Myths about Measures

- “Performance and outcome measures are a burden. They take up valuable time.”
- “I want to help people, not to fill out forms.”
- “There is no value-added to collecting and reporting data.”
- “I just know when someone is improving or getting worse.”
- “I don’t want them to get a bill.”



# The Value of Data

Data Analytics and Outcome Measures  
facilitate data driven decisions

- Clinical
- Fiscal
- Programmatic
- Staffing



# The Value of Data

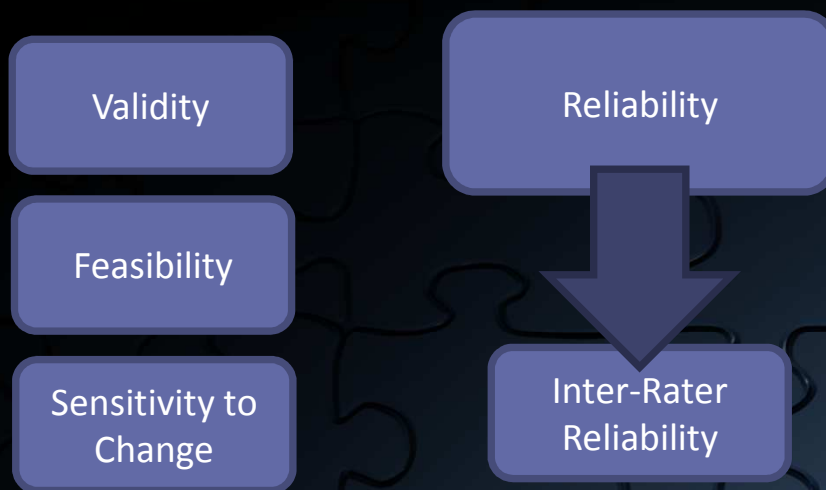
- The picture that the data paints will represent your hard work, the efficacy of the programs and the wellbeing of the client
- A complete and accurate client chart is not only our legal and ethical obligation – it can save a life.
- Policies will be determined by data, and will influence your day to day
  - ✓ The resulting analysis can help determine if more staff is needed, or where prevention strategies can be most effective  
(Which can make your job easier, and your community healthier)



# Properties of Outcome Measures

Hundreds of outcome and alliance measures exist. Few, have documented **validity** and **reliability**.

Fewer still are feasible for use in routine clinical care and are sensitive to change.



## Mental Health Outcome Measures used by BCDBH

- **The Child and Adolescent Needs and Strengths (CANS)**
  - Assessment tool designed to support decision making and outcome management
  - Youth: age 0-17.9
- **Milestones of Recovery (MORS)**
  - Quality of Life scale assessing where a client is at in the process of recovery
  - Adults: age 18+



## ■ The Child and Adolescent Needs and Strengths (CANS)

**"Please do not attempt to complete this instrument unless you have received training from a certified trainer"**

**LIFE DOMAIN FUNCTIONING**

0 = No evidence of problems    1 = History, Mild    2 = Moderate    3 = Severe

New CANS  
☒ New (Blank) CANS

Family <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Draft / Final / Pending Approval <input type="radio"/> Draft <input type="radio"/> Final <input type="radio"/> Pending Approval
Living Situation <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Supervisor: <input type="text"/>
Sleep <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	CANS Date: <input type="text"/> T Y
Social Functioning <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Acculturation <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Sexual Development <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Legal <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Recreational <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Medical <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Developmental (1) <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Daily Functioning <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Judgment <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Independent Living <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





## ▪ The Child and Adolescent Needs and Strengths (CANS)

**CHILD STRENGTHS**

0 = Centerpiece    1 = Useful    2 = Identified    3 = Not Yet Identified

Family <input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Community Life <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Interpersonal <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Relationship Permanence <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Optimism <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Child Involvement <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Educational <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Natural Supports <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Vocational <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>0 = No evidence of problems    1 = Minimal Needs</b> <b>2 = Moderate Needs    3 = Severe Needs</b> <b>SCHOOL</b>
Talents / Interests <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	School Behavior <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Spiritual / Religious <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	School Achievement <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
	School Attendance <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

## ■ The Child and Adolescent Needs and Strengths (CANS)

PLANNED PERMANENCY CAREGIVER STRENGTHS AND NEEDS			
0 = No evidence of problems	1 = Minimal Needs	2 = Moderate Needs	3 = Severe Needs
Supervision <input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3			Substance Abuse <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Social Resources <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3			Family stress <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Residential stability <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3			Safety <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3



## ■ The Child and Adolescent Needs and Strengths (CANS)

**CHILD BEHAVIORAL / EMOTIONAL NEEDS**

0 = No evidence of problems    1 = History, Watch/Prevent    2 = Causing problems, consistent with diagnosable disorder  
3 = Causing severe/dangerous problems

Psychosis	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡
Impulse / Hyper	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡
Depression	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡
Anxiety	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡
Oppositional	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡
Conduct	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡
Adjustment to trauma (2)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡
Anger control	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡
Substance use (3)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡
Eating disturbance	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡

**(2) TRAUMA (Characteristics of the trauma experience)**

Witness / Domestic Violence	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡
Witness / Community violence	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡
Witness / Victim of crime	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡
Sexual abuse	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡
Physical abuse	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡
Emotional abuse	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡
Medical trauma	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡

▶



## ■ The Child and Adolescent Needs and Strengths (CANS)

0 = No evidence of problems      1 = History, Watch/Prevent      2 = Causing problems, consistent with diagnosable disorder  
3 = Causing severe/dangerous problems

If sexual abuse is greater than "0", complete the following:

Reaction to disclosure 

☐ 0    ☐ 1    ☐ 2    ☐ 3

**(3) SUBSTANCE USE NEEDS (SUN)**

Frequency of use 

☐ 0    ☐ 1    ☐ 2    ☐ 3

Duration of use 

☐ 0    ☒ 1    ☐ 2    ☐ 3

Readiness to change 

☐ 0    ☒ 1    ☐ 2    ☐ 3

Recovery environment 

☐ 0    ☐ 1    ☐ 2    ☐ 3

Relapse Skills 

☐ 0    ☐ 1    ☐ 2    ☐ 3

## ■ The Child and Adolescent Needs and Strengths (CANS)

**CHILD RISK BEHAVIORS**

0 = No evidence of problems    1 = History, Watch/Prevent    2 = Recent, Act    3 = Acute, Act Immediately

Suicide Risk	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡
Self Mutilation	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡
Other self harm	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡
Danger to others (4)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡
Sexual aggression (5)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡
Runaway (6)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡
Delinquent behavior (7)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡
Fire Setting (8)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡
Social behavior	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡
Sexually reactive behavior	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡
Bullying	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	💡

## ■ The Child and Adolescent Needs and Strengths (CANS)

### Emotional / Behavioral Risks

Frustration Management  
☐ 0 ☐ 1 ☐ 2 ☐ 3

Hostility  
☐ 0 ☐ 1 ☐ 2 ☐ 3

Paranoid thinking  
☐ 0 ☐ 1 ☐ 2 ☐ 3

Secondary gains from agg.  
☐ 0 ☐ 1 ☐ 2 ☐ 3

Violent thinking  
☐ 0 ☐ 1 ☐ 2 ☐ 3

### Resiliency Factors

Aware of violence potential  
☐ 0 ☐ 1 ☐ 2 ☐ 3

Response to consequences  
☐ 0 ☐ 1 ☐ 2 ☐ 3

Commitment to self-control  
☐ 0 ☐ 1 ☐ 2 ☐ 3

Treatment involvement  
☐ 0 ☐ 1 ☐ 2 ☐ 3



### (5) SEXUALLY AGGRESSIVE BEHAVIOR NEEDS (SABN)

Relationship  
☐ 0 ☐ 1 ☐ 2 ☐ 3

Physical force / threat  
☐ 0 ☐ 1 ☐ 2 ☐ 3

Planning  
☐ 0 ☐ 1 ☐ 2 ☐ 3

Age differential  
☐ 0 ☐ 1 ☐ 2 ☐ 3

Response to accusation  
☐ 0 ☐ 1 ☐ 2 ☐ 3

### (6) RUNAWAY NEEDS (RN)

Frequency of running  
☐ 0 ☐ 1 ☐ 2 ☐ 3

Safety of destination  
☐ 0 ☐ 1 ☐ 2 ☐ 3



## ■ The Child and Adolescent Needs and Strengths (CANS)

**RESIDENTIAL TREATMENT CENTER (RTC)**

0 = No evidence of problems    1 = History, Watch/Prevent    2 = Recent, Act    3 = Acute, Act Immediately

Is client currently in a Residential Treatment Center (e.g., Foster Care, Group Home)?

☐ Yes    ☐ No

Investment in treatment <input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Caregiver-child interaction <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Community off-site behavior <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Progress toward goals <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Home visits <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Preparation for discharge <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Caregiver participation <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	



# CANS



## BCDBH Child and Adolescent Needs and Strengths Scores

Enumerates most recent scores within articulated domains. **Highlighted** items represent areas of possible focus.

Client: (81976) TWIST, OLIVER Episode: 2 Age at Assessment: 7.27

CANS Date: 6/2/2017

Program: CH MH Youth HOME 500 Cohsst FSP MHSA CSS

Draft/Final/Pending Approval: Draft

### [CANS Dimension Scores Over Time.rpt](#)

#### Life Domain Functioning

0 = No Evidence of Problems 1 = History, Mild 2 = Moderate 3 = Severe

Family:	2	Judgment:	0
Living Situation:	1	Acculturation:	1
Sleep:	1	Legal:	0
Social Functioning:	0	Medical:	0
Sexual Development:	0	Daily Functioning:	1
Recreational:	1	Independent Living:	0
Developmental (1):	0		

#### Child Strengths

0 = Centerpiece 1 = Useful 2 = Identified 3 = Not Yet Identified

Family:	1	Spiritual/Religious:	0
Interpersonal:	1	Community Life:	1
Optimism:	1	Relationship Permanence:	1
Educational:	0	Child Involvement:	2
Vocational:	0	Natural Supports:	0
Talents/Interests:	0		

#### School

0 = No evidence of Problems 1 = Minimal Needs 2 = Moderate Needs 3 = Severe Needs

School Behavior:	0
School Achievement:	1
School Attendance:	1

#### Planned Permanency Caregiver Strengths and Needs

0 = No Evidence of Problems 1 = Minimal Needs 2 = Moderate Needs 3 = Severe Needs

Supervision:	1	Substance Abuse:	1
Social Resources:	0	Family Stress:	1
Residential Stability:	1	Safety:	0

# CANS



Client: (81976) TWIST, OLIVER Episode: 2 Age at Assessment: 7.27

CANS Date: 6/2/2017 Program: CH MH Youth HOME, 500 Cohsst FSP MHSA CSS

Draft/Final/Pending Approval: Draft

## Child Behavioral/Emotional Needs

0 = No Evidence of problems 1 = History, Watch/Prevent 2 = Causing Problems, Consistent with Diagnosable Disorder  
3 = Causing Severe/Dangerous Problems

Psychosis:	1	Conduct:	1
Impulse/Hyper:	1	Adjustment to Trauma (2):	0
Depression:	0	Anger Control:	0
Anxiety:	1	Substance Use (3):	0
Oppositional:	1	Eating Disturbance:	0

## Child Risk Behaviors

0 = No evidence of problems 1 = History, Watch/Prevent 2 = Recent, Act 3 = Acute, Act Immediately

Suicide Risk:	1	Delinquent Behavior (7):	0
Self Mutilation:	0	Fire Setting (8):	0
Other Self Harm:	0	Social Behavior:	0
Danger to Others (4):	0	Sexually Reactive Behavior:	0
Sexual Aggression (5):	0	Bullying:	0
Runaway (6):	1		

## RUNAWAY NEEDS (RN)

0 = No evidence of problems 1 = History, Watch/Prevent 2 = Recent, Act 3 = Acute, Act Immediately

Frequency of Running:	1
Safety of Destination:	1

Is client currently in a Residential Treatment Center (e.g., Foster Care, Group Home)? No

*Callie Counselor*

COUNSELOR, CALLIE  
(000179) - Behavioral Health  
Counselor (BHC)

6/2/2017  
Date

# Outcome Measure: MORS

**MILESTONES OF RECOVERY SCALE**

**"Please do not attempt to complete this instrument unless you have received training from a certified trainer"**

New MORS  
☒ New (Blank) MORS

Raters Name

MORS Date  T Y

MORS Logic Model

Had no contact with member ☐ If you have not had any contact (face-to-face or phone) with the member in the last two weeks, please check here and do not attempt to rate the member. Instead simply return the form along with your completed assessments.

Please fill in the number that best describes the current (typical for the last two weeks) milestone of recovery for the member listed above.

1. Extreme Risk

☐ These individuals are frequently and recurrently dangerous to themselves or others for prolonged periods. They are frequently taken to hospitals and /or jails or are institutionalized in the state hospital or an IMD. They are unable to function well enough to meet their basic needs even with assistance. It is extremely unlikely that they can be served safely in the community.

2. High Risk / Not Engaged

☐ These individuals often are disruptive and are often taken to hospitals and/or jail. They usually have high symptom distress. They are often homeless and may be actively abusing drugs or alcohol and experiencing negative consequences from it. They may have a serious co-occurring medical condition (e.g., HIV, diabetes) or other disability which they are not actively managing. They often engage in high-risk behaviors (e.g., unsafe sex, sharing needles, wandering the streets at night, exchanging sex for drugs or money, fighting, selling drugs, stealing, etc.). They may not believe they have a mental illness and tend to refuse psychiatric medications. They experience great difficulty making their way in the world and are not self-supportive in any way. They are not participating voluntarily in ongoing mental health treatment or are very uncooperative toward mental health providers.

3. High Risk / Engaged

☐ These individuals differ from group 2 only in that they are participating voluntarily and cooperating in ongoing mental health treatment. They are still experiencing high distress and disruption and are low functioning and not self-supportive in any way.

4. Poorly Coping / Not Engaged

☐ These individuals are not disruptive. They are generally not a danger to self or others and it is unusual for them to be taken to hospitals and/or jails. They may have moderate to high symptom distress. They may use drugs or alcohol which may be causing moderate but intermittent disruption in their lives. They may not think they have a mental illness and are unlikely to be taking psychiatric medications. They may have deficits in several activities of daily living and need a great deal of support. They are not participating voluntarily in ongoing mental health treatment and/or are very uncooperative toward mental health providers.



# MORS

## 5. Poorly Coping / Engaged

☐

These individuals differ from group 4 in that they are voluntarily participating and cooperating in ongoing mental health treatment. They may use drugs or alcohol which may be causing moderate but intermittent disruption in their lives. They are generally not a danger to self or others and it is unusual for them to be taken to hospitals and/or jails. They may have moderate to high symptom distress. They are not functioning well and require a great deal of support.

## 6. Coping / Rehabilitation

☐

These individuals are abstinent or have minimal impairment from drugs or alcohol. They are rarely being taken to hospitals and almost never being taken to jail. They are managing their symptom distress usually, though not always, through medication. They are actively setting and pursuing some quality of life goals and have begun the process of establishing "non-disabled" roles. They often need substantial support and guidance but they aren't necessarily compliant with mental health providers. They may be productive in some meaningful roles, but they are not necessarily working or going to school. They may be "testing the employment or education waters," but this group also includes individuals who have "retired." That is, currently they express little desire to take on (and may actively resist) the increased responsibilities of work or school, but they are more or less content and satisfied with their lives.

## 7. Early Recovery

☐

These individuals are actively managing their mental health treatment to the extent that mental health staff rarely need to anticipate or respond to problems with them. Like group 6, they are rarely using hospitals and are not being taken to jails. Like group 6, they are abstinent or have minimal impairment for drugs or alcohol and they are managing their symptom distress. With minimal support for staff, they are setting, pursuing and achieving many quality of life goals (e.g., work and education) and have established roles in the greater (non-disabled) community. They are actively managing any physical health disabilities or disorders they may have (e.g., HIV, diabetes). They are functioning in many life areas and are very self-supporting or productive in meaningful roles. They usually have a well-defined social support network including friends and /or family.

## 8. Advance Recovery

☐

These individuals differ from group 7 in that they are completely self-supporting. If they are receiving any public benefits, they are generally restricted to Medicaid or some other form of health benefits or health insurance because their employer does not provide health insurance. While they may still identify themselves as having a mental illness, they are no longer psychiatrically disabled. They are basically indistinguishable from their non-disabled neighbor.

I pulled forward the MORS and did not make any changes

☐ Yes☐ No☐ N/A



# MORS



## Milestones of Recovery (MORS) Scores

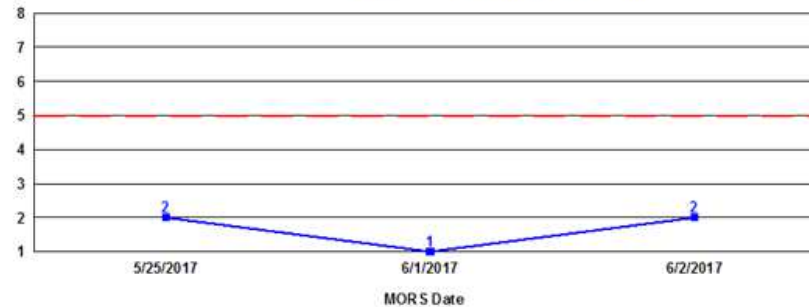
Provides trendline expression of outcome-rating scale scores to delineate client's level of recovery

For: (81969) BUNNY, BUGS Episode#: 1

Program: (44019) CH MH Access OP

Run Date: 6/2/2017

### MORS Scores by Date of Administration



Therapist, Mary entered MORS's data on: 5/25/2017

Therapist, Mary entered MORS's data on: 6/1/2017

Therapist, Mary entered MORS's data on: 6/2/2017

Therapist, Mary entered MORS's data on: 6/2/2017

Therapist, Mary entered MORS's data on: 6/2/2017

Current MORS status: (2) High Risk/Not Engaged

#### MORS Rubric

- 1 = Extreme Risk
- 2 = High Risk/Not Engaged
- 3 = High Risk/Engaged
- 4 = Poorly Coping/Not Engaged
- 5 = Poorly Coping/Engaged
- 6 = Coping/Rehabilitating
- 7 = Early Recovery
- 8 = Advanced Recovery
- 0 (Out of range) = No Contact



*Thank you*

Dr. Sésha Zinn, Psy.D.

(530)891-3280

[szinn@buttecounty.net](mailto:szinn@buttecounty.net)

Systems Performance, Research & Evaluations

